

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PROGRAM MANAGEMENT DIVISION
LITTLE ROCK, ARKANSAS

The Arkansas State Highway Commission requires annual prequalification of prospective bidders. This prequalification is for prime contractors and is not required for *subcontractors*.

Prequalification statements are effective for one (1) year from the date of the statement, plus a four (4) month grace period. Therefore, to maintain a continuous prequalification status, it is necessary that a new statement be filed during the grace period.

Contractors licensed in Arkansas may submit a copy of their Arkansas Contractors License Application in lieu of the above procedure (the copy must contain all required signatures). When using the Arkansas Contractors License Renewal Application, please include all pages of the application and a complete audited financial statement that includes notes and a signed opinion. Reviewed financial statements for contractors applying for initial prequalification with the Arkansas State Highway and Transportation Department will not be accepted. A list of persons authorized to sign contract and proposal documents and a detailed list of any equipment owned by the organization must be included with the application.

To obtain an application form for Arkansas contractors license, you may write to: Arkansas Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117-2652 or call (501) 372-4661 or visit their web site at <http://www.state.ar.us/clb/>



ARKANSAS STATE HIGHWAY COMMISSION

PREQUALIFICATION QUESTIONNAIRE

EXPERIENCE RECORD

FINANCIAL STATEMENT

EQUIPMENT SCHEDULE

MAIL TO:
ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
ATTENTION: PROGRAM MANAGEMENT DIVISION
POST OFFICE BOX 2261
LITTLE ROCK, ARKANSAS 72203
TELEPHONE: 501-569-2536

COMPANY: _____

SUBMITTED BY: _____

MAILING ADDRESS: _____

Street or P.O. Box

City

State

Zip Code

LOCATION ADDRESS: _____

City

State

Zip Code

TELEPHONE: _____ FAX: _____

(Include Area Code)

(Include Area Code)

EMPLOYER'S IDENTIFICATION NO. _____

EMAIL ADDRESS: _____

CERTIFICATION OF OFFICERS/OWNERS/PARTNERS

I, the undersigned, do hereby certify that the following list includes **ALL** Officers/Owners/Partners of the Company and that each person's authority to enter into agreements/contracts with the Arkansas State Highway and Transportation Department is indicated below.

Printed Name	Title	Is this person authorized to enter into agreements?	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

 Company Name Date

 Signature (Must be Officer/Owner/Partner) Title

 Printed Name Federal Employer Identification Number

Note: Use additional pages as needed

Return to:
 Arkansas State Highway and Transportation Department
 Attention: Program Management Division
 Post Office Box 2261
 Little Rock, AR 72203-2261

Fax: (501) 569-2623

IMPORTANT GENERAL INSTRUCTIONS

1. Each prospective bidder is required to file a prequalification questionnaire consisting of an Experience Record, Financial Statement, and Equipment Schedule, on a form approved by this Department. An audited financial statement is required with each new prequalification. Audited or reviewed financial statements will be accepted with prequalification renewals.
2. A questionnaire may be filed with this Department at any time. The terminal of fiscal date established by the prospective bidder is effective for twelve months from the date shown. A prospective bidder is authorized a four-month grace period to prepare and file a new questionnaire.
3. Each prequalified prospective bidder will be furnished a copy of the questionnaire form during his anniversary month. This will serve as a notification of an approaching expiration date.
4. The prequalification questionnaire filed shall be a typewritten original or prepared in ink. Prequalification questionnaires completed in ink must be clearly legible.
5. All information and schedules herein shall be completed. A detailed Equipment List must be included in order to receive credit for the Book Value of the equipment.
6. If space is not sufficient, attach separate schedules and reference to appropriate asset/liability items.
7. To avoid delay, be sure that all signatures are affixed and notarized where indicated. (Corporate seal may be affixed to the Affidavit for Corporation.) No questionnaire will be accepted with any required signature omitted.
8. Accountant's Certificate must be signed by the individual preparing the prequalification questionnaire form as well as showing the Certified or Registered Public Accounting firm. The Accountant may use his own form of opinion to fit the individual case and attach to the questionnaire at Page 10 in lieu of the printed form. Any opinion given must clearly refer to the Financial Statement entered in the questionnaire.
9. The Questionnaire Form shall be returned to the Arkansas State Highway and Transportation Department, Attention: Program Management Division, P.O. Box 2261, Little Rock, Arkansas 72203.

If you are licensed in Arkansas, in lieu of the above procedure, you may submit a copy of the Arkansas Contractors License Application. (The copy must contain all required signatures.) When using the Arkansas Contractors License Renewal Application, please include Pages 1 and 2 of the application and a complete financial statement with notes and signed audited opinion or a reviewed financial statement with signed opinion. With the application, include a list of persons authorized to sign contract and proposal documents and a detailed list of any equipment owned by the organization.

10. Questions regarding the preparation or filling of the prequalification questionnaire form may be directed to the above address, telephoning 501-569-2536, or by e-mail at PCD@arkansashighways.com.
11. The Contractors Licensing Board is not a part of this Department and its licensing requirements are in no way related to the Department's prequalification requirements.

The attention of prospective bidders is directed to Arkansas Code §17-22-101 et seq., Act 150 of the 1965 Acts of Arkansas, being an "Act Regulating the Practice of Contracting in the State of Arkansas", and acts amendatory thereto. When the work offered is financed in whole with State funds and is estimated to cost \$20,000 or more, the prospective bidder must show evidence of license with the Contractors Licensing Board for the State of Arkansas before being furnished with a proposal form.

Contractors are not required to be licensed before bidding with the Arkansas State Highway and Transportation Department on Federal-Aid highway work but a low bidder must be licensed before a contract will be executed by the Commission.

Application forms for license may be obtained from the Contractors Licensing Board for the State of Arkansas, 4100 Richards Road, North Little Rock, AR 72117-2652. Telephone 501-372-4661.

EXPERIENCE RECORD

1. How many years has your organization been in business as a general contractor under your present business name? _____

2. How many years experience in _____ construction work has your organization had: (a) As a general contractor _____, (b) as a subcontractor _____

3. Have you ever failed to complete any work awarded to you? _____ If so, where and why _____

4. Has any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? _____ If so, state name of individual, other organization, and reason therefor _____

5. Has any officer or partner of your organization ever failed to complete a construction contract handled in his own name? _____ If so, state name of individual, name of owner, and reason therefor _____

6. In what other lines of business are your financially interested?

7. Name and address of all affiliated and/or subsidiary companies:

8. What is the construction experience of the principal individuals of your organization?

Individual's Name	Present Position or Office	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

9. List principal projects your organization has completed in past three years:

Contract Amount	Class of Work	When Completed	Name and Address of Owner

10. List the construction projects your organization has underway on this date:

Contract Amount	Class of Work	Percent Completed	Name and Address of Owner or Contracting Officer

FINANCIAL STATEMENT

SUBMITTED BY _____

PRINCIPAL OFFICE _____

CONDITION AT CLOSE OF BUSINESS _____

20

Accounting Year End:

- Individual
- Partnership
- Corporation

ASSETS			Dollars Only		
1	Cash: (a) On hand \$	(b) in bank (c) Elsewhere \$			
2	Notes Receivable:	(a) Amounts due within one year			
		(b) Past due			
3	Accounts receivable from completed contracts exclusive of claims not approved for payment				
4	Sums earned on uncompleted contracts as shown by Engineer's or Architect's estimate:				
		(a) Amount receivable after deducting amounts retained			
		(b) Amounts retained to date, due upon completion of contracts			
5	Accounts receivable from sources other than construction contracts				
6	Deposits for bids or other guarantees:	(a) Recoverable within 90 days			
		(b) Recoverable after 90 days			
7	Other Current Assests				
8	Stocks and Bonds: Current	(a) Listed Present Market Value			
		(b) Unlisted Present Value			
9	Materials in stock not included in item 4: (a) For uncompleted contracts				
		(b) Other materials			
	TOTAL CURRENT ASSESTS				
10	Real Estate:	(a) Used for business purposes			
		(b) Not used for business purposes			
11	Equipment, at book value				
12	Furniture and Flxtures, not at book value				
13	Other Assets (Non-Current)				
	TOTAL ASSETS				
	LIABILITIES AND EQUITY				
14	Notes Payable (Due within 1 year EXCLUSIVE of Real Estate and Equipment Encumbrances)				
15	Due Subcontractors (retained percentage and current estimates)				
16	Accounts Payable:	(a) Not past due			
		(b) Past due			
17	Real Estate Encumbrances due within one year				
18	Equipment Encumbrances due within one year				
19	Other Liabilities due within one year				
	TOTAL CURRENT LIABILITIES				
20	Notes Payable (Amounts due after 1 year EXCLUSIVE of Real Estate and Equipment Encumbrances)				
21	Real Estate Encumbrances due after one year				
22	Equipment Encumbrances due after one year				
23	Other Liabilities due after one year				
	TOTAL LIABILITIES				
24	PROPRIETOR'S OR PARTNER'S EQUITY				
25	SHAREHOLDERS' EQUITY	Capital Stock paid up Preferred: \$			
		Common: \$			
		Capital Surplus \$			
		Retained Earnings \$			
		Less Treasury Stock at cost \$			
		SHAREHOLDERS' EQUITY			
	TOTAL LIABILITIES AND EQUITY				
26	CONTINGENT LIABILITIES – Listed and Described on Separate Schedule				

SHOW MONEY VALUE IN DOLLARS

DETAILS RELATIVE TO ASSETS

1	Cash	(a) On hand	\$	\$	Total
		(b) Deposited in banks named below	\$		
		(c) Elsewhere (state where)	\$		

Name of Bank	Location	Deposit in Name of	Amount

2*	Notes receivable	(a) Due within one year	\$	\$	Total
		(b) Past due	\$		

Receivable From: Name and Address	For What	Date of Maturity	How Secured	Amount

Have any of the above been discounted or sold? _____ If so, state amount, to whom, and reason _____

3*	Accounts receivable from completed contracts exclusive of claims not approved for payment	\$

Name and Address of Owner	Nature of Contract	Amount of Contract	Amount Receivable

Have any of the above been assigned, sold or pledged? _____ If so, state amount, to whom, and reason _____

4*	Sums earned on uncompleted contracts, as shown by Engineer's or Architect's estimate:		\$	\$	Total
	(a) Amounts receivable after deducting retainage	\$			
	(b) Retainage to date due upon completion of contract	\$			

Designation of Contract and name and Address of Owner	Amount of Contract	Amount Earned	Amount Received	Retainage		Amount Exclusive of Retainage
				When Due	Amount	

Have any of the above been sold, assigned or pledged? _____ If so, state amount, to whom, and reason _____

* List separately each item amounting to 10 percent or more of the total and combine the remainder.

DETAILS RELATIVE TO ASSETS - Continued

5*	Accounts receivable not from construction contracts	(a) Officers & Employees	\$	\$
		(b) Other	\$	
				Total
Receivable from: Name and Address		For What	When Due	Amount

What amount, if any, is past due

6	Deposits for bids or otherwise as guarantees			\$
Deposited with: Name and Address		For What	When Recoverable	Amount

7	Other Current Assets (Include Current Investments)			\$
Description				Amount

8	Stocks and Bonds:	(a) Listed - present market value	\$	\$
		(b) Unlisted - present value	\$	
				Total

	Description	Issuing Company	Per Share		Quantity	Amount
			Cost	Market Value		
1						
2						
3						
4						
5						
6						
7						

	Who in Possession	If any are Pledged or in Escrow, State for Whom, and Reason	Amount Pledged or in Escrow
1			
2			
3			
4			
5			
6			
7			

*List separately each item amounting to 10 percent or more of the total and combine the remainder.

DETAILS RELATIVE TO ASSETS - Continued

9	Materials in stock and not included in item 4; Assets:		
	(a) For use on uncompleted contracts	\$	\$
	(b) Other materials	\$	Total

Description of Material	Quantity	Present Value	
		For Uncompleted Contracts	Other Materials

10	Real Estate	(a) Used for business purposes	\$	
	Book Value	(b) Not used for business purposes	\$	Total

Description of Property	Improvements		Total Book Value
	Nature of Improvements	Book Value	
1			
2			
3			
4			
5			

Location	Held in Whose Name	Assessed Value	Amount of Encumbrances
1			
2			
3			
4			
5			

11*	Equipment at book value _____			\$
	NOTE: List only equipment to which you can show sole ownership, the depreciation of which must be computed in accordance with A.G.C. Schedule.			Total

Quantity	Description and Capacity of Items	Age of Items	Purchase Price	Depreciation Charged Off	Book Value

NOTE: In order to receive credit for the book value of your equipment, a detailed listing must be provided. This may be furnished on a separate sheet if you desire, but all information requested must be completed.

Are there any liens against the above? _____ If so, state total amount _____ \$ _____

*If two or more items are lumped above, give the sum of their ages.

DETAILS RELATIVE TO ASSETS - Continued

12	Furniture and fixtures at book value _____	\$
13	Others assets (Non-Current). (Include Long Term Investments) _____	\$
	Total	
	Description	Amount
	Total Assets	\$

DETAILS RELATIVE TO LIABILITIES

	Notes payable (Exclusive of Real Estate and Equipment Encumbrances)			
14		Totals	14	20
20		Totals	Current	Long Term
	To Whom: Name and Detailed Address	What Security	Term Payment or Due Date	Due Within One Year Due After One Year
15	Due Subcontractors	(a) Account of retained percentage	\$	\$
		(b) Current estimates	\$	Total
16	Accounts Payable	(a) Not past due	\$	\$
		(b) Past due	\$	Total
	To Whom: Name and Address	For What	Date Payable	Amount

DETAILS RELATIVE TO LIABILITIES - Continued

17				
21	Real Estate Encumbrances	(17) Current	\$ _____	(21) Long Term \$ _____

18				18	22
22	Equipment Encumbrances	Totals	\$ _____	\$ _____	

	To Whom: Name and Address	What Security	Term Payment or Due Date	Current	Long Term

19	Other Liabilities due within one year (Current) _____	\$ _____
----	---	----------

	Description	For What	When Due	Total Amount

23	Other Liabilities due after one year (Long Term) _____	\$ _____
----	--	----------

	Description	For What	When Due	Total Amount

24	Proprietor's or Partner's Equity _____	\$ _____
----	--	----------

25	Shareholder's Equity _____	\$ _____
----	----------------------------	----------

		Total Liabilities	\$ _____
--	--	-------------------	----------

26	Contingent Liabilities _____	\$ _____
----	------------------------------	----------

	1 Liability on notes receivable, discounted or sold _____		
	2 Liability on accounts receivable, pledged, assigned or sold _____		
	3 Liability as bondsman _____		
	4 Liability as guarantor on contracts or on accounts of others _____		
	5 Other contingent liabilities _____		

Accountant's Certificate

Certified Public Accountant,
I am a Registered Public Accountant, holding unrevoked Certificate No. _____,
in the State of _____, of the firm of _____

Certified Public Accountants
Registered Public Accountants We have audited the balance sheet of _____

This balance sheet is the responsibility of management. Our responsibility is to express an opinion on the balance sheet based on our audit.

Our audit was made in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the balance sheet is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the balance sheet. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall balance sheet presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the balance sheet referred to above presents fairly the financial position of the said individual/copartnership/corporation as of _____, 20____, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Our audit was made for the purpose of forming an opinion on the balance sheet referred to above. The additional information included on pages 5-9 of this report is presented for purposes of additional analysis and is not a required part of the balance sheet. The information in such schedules has been subjected to the auditing procedures applied in the audit for the balance sheet; and, in our opinion, such information is fairly stated in all material respects in relation to the balance sheet taken as a whole.

Signature Certified Public Accountant
Registered Public Accountant

Accounting Firm

Mailing Address

City, State, Zip

Please Indicate Accounting Method Used:

Percentage of Completion

Completed Contract

AFFIDAVIT FOR INDIVIDUAL

STATE OF _____)
PARISH _____) ss.
COUNTY OF _____)

_____, being duly sworn, deposes and says: That the foregoing statement of experience and all statements therein contained are true and correct and that the foregoing financial statement taken from his books is a true and accurate statement of his financial condition as of the date and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial condition are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto; and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Sworn to before me this

_____ day of _____ 20_____.

Notary Public

Applicant must sign here

My Commission Expires: _____

IF A CORPORATION, answer this:

Capital paid in cash, \$ _____

When incorporated _____

In what state _____

President's Name _____

Vice President's Name _____

Secretary's Name _____

Treasurer's Name _____

If a foreign corporation, give date admitted to do business in Arkansas _____

IF A CORPARTNERSHIP, answer this:

Date of organization _____

State whether partnership is general or limited _____

Name and addresses of partners _____

AFFIDAVIT FOR COPARTNERSHIP

STATE OF _____)
PARISH _____) ss.
COUNTY OF _____)

_____, being duly sworn, each deposes

and says: That he is a member of the firm of _____ that the foregoing statement of experience and all statements therein contained are true and correct and that he is familiar with the books of said firm showing its financial condition; that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial condition are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Sworn to before me this

_____ day of _____ 20_____.

Notary Public

My Commission Expires: _____

All Members of Firm Must Sign

AFFIDAVIT FOR CORPORATION

STATE OF _____)
PARISH _____) ss.
COUNTY OF _____)

_____, being duly sworn, each deposes

and says: That he is _____ of _____, the corporation described in, and which executed, the foregoing statement of experience and all statements therein contained are true and correct and that he is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof and that the answers to the foregoing interrogatories are true. He further states: That the foregoing statements of experience and financial conditions are submitted to the Arkansas State Highway Commission for the express purpose of being prequalified and eligible to perform work for the Arkansas State Highway Commission in accordance with the Specifications and Supplements thereto; and that any depository, vendor or other agency herein named is hereby authorized to supply the Arkansas State Highway Commission with any information necessary to verify these statements.

Sworn to before me this

_____ day of _____ 20_____.

Notary Public

Officer of Corporation Must Sign Here

My Commission Expires: _____

EQUIPMENT DEPRECIATION SCHEDULE

Please include your Equipment Depreciation Schedule when returning your Prequalification Application information. Please list the following:

- 1) Cost of Equipment
- 2) Depreciation of Equipment
- 3) Net Book Value of Equipment (Cost less depreciation)